

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021036  
5213 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3668 French

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
3668 French

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Louis

Middle Steffan

Last

4. DATE OF DEATH

Month

Day

Year

May 19, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7-16-1888 73

9. AGE (last birthday)

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Ret. Toavern Oprs.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Louis Steffan

13b. MOTHER'S MAIDEN NAME

Elizabeth Dainer

14. NAME OF HUSBAND OR WIFE

Dora K. Steffan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dora K. Steffan 3668 French

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Myocardial infarction  
Arteriosclerotic heart dis.  
420.0

INTERVAL BETWEEN ONSET AND DEATH

Instant  
5 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))  
Chronic bronchitis & bronchiectasis

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

12:30

May 13, 1962

May 19, 1962

May 15, 1962

May 15, 1962

May 15, 1962

May 15, 1962

May 15, 1962

May 15, 1962

May 15, 1962

May 15, 1962

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

950 Francis Pl

22c. DATE SIGNED

May 22

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE

5-23-62

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cem.

23d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home  
6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 23 1962

26. REGISTRAR'S SIGNATURE

Loat Smith, M.D. ✓

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

7

DA EC 12  
Frances

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James C. Hill*

Licensed Embalmer No.

*4347*

P. O. Address

*6322 St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.